

---

# CURRENT LICENSING ISSUES IN PSYCHOLOGY

---

## Washington State Examining Board of Psychology

---

Fall 1999

### Board Chair Column

As can be seen from the variety of articles in this newsletter, the Examining Board of Psychology, and associated Department of Health staff, remain busily involved and active in a number of pursuits aimed at fulfilling its mission of consumer protection. Among the many ongoing projects, some of the most significant are revising education and experience prerequisites to licensure, developing rules for parental access evaluations, piloting an alternative approach to continuing education, and proposing changes in the Psychology Practice Act, to eliminate ambiguities and inconsistencies. In regard to the education/experience prerequisites and parental access evaluations, public rule-writing sessions occurred in July. The Board appreciates the input of those who attended or sent comments. Within the

next few months, formal hearings will be announced regarding these two rule-making processes. As always, it is equally important to hear from those who support the proposed changes, as well as those who have questions or concerns, either through written comments or attendance at the hearings.

While the mission of the Board is to protect the public, to the extent the Board accomplishes its mission, it also serves the profession. The Board welcomes comments from licensees and the public regarding how the Board might be even more effective in maintaining (or improving) the competent and ethical practice of psychology in Washington. ♦

- John Ernst, Ph.D., ABPP, Chair  
Examining Board of Psychology

### In this issue

- |  |   |   |
|--|---|---|
| 1 Board Chair Column   | 4 Human Immunodeficiency Virus (HIV) Reporting in Washington State          | 11 Address Change Form  |
| 2 Did You Know?  | 6 Disciplinary Action   | 13 Examining Board of Psychology Begins Quality Assurance Program |
| 2 Complaint Results January—September 1999   | 7 Proposed Parental Access Evaluation Standards                             | 13 World Wide Web Update  |
| 3 Clarification of Board's Jurisdiction Over Licensed Psychologists Regardless of Practice Setting | 8 Draft Rules For Parental Access Evaluation Standards-Your Comments Needed | 14 The Public Member Viewpoint                                    |
| 3 Did You Know?  | 10 Reference  | 14 Considering Board Appointment?                                 |
|  |   | 15 Newly Licensed Psychologists                                   |
|  |   | 15 Thinking About Retiring?                                       |

## Did You Know?

Recent changes to the continuing education (CE) rules now allow psychologists to earn credit toward their CE requirement for teaching an approved CE program. Up to thirty hours may be claimed every three years. Credit may be earned on the following basis:

- ❖ One credit hour for each sixty minutes actually spent teaching the program for the first event. Credit may be conferred for teaching similar subject matter only if the psychologist has actually spent an equal or greater amount of preparation time updating the subject matter to be taught on a later occasion.
- ❖ One credit hour for each sixty minutes actually spent participating in a panel presentation.

Other changes to the CE rules include removing a provision that allowed Board members to receive continuing education for their work on the Board, changing the terminology used from Continuing Psychological Education (CPE) to Continuing Education (CE), and adding language that allows the Board to award CE credit.

The Washington State Psychological Association requested several of these changes. The Board and the WSPA worked closely throughout the rulemaking process. The Board adopted the changes after a June 1999 hearing.

To see these changes in their entirety, please visit the Board's Web site at [www.doh.wa.gov/hsqa/hpqad/psychology/default.htm](http://www.doh.wa.gov/hsqa/hpqad/psychology/default.htm) and click on "Rules" or contact the Board office. ❖

## Complaint Results January – September 1999

January – September 1999	Received	Resolved
Sexual Misconduct .....	3 .....	0
Gross Incompetence .....	0 .....	0
Standard of Care .....	7 .....	5
Failure to Comply with Order .....	0 .....	0
Beyond Scope .....	0 .....	0
Misrepresentation/Fraud .....	0 .....	0
Specialty Representation .....	0 .....	0
Fee Dispute .....	1 .....	1
Questionable Conduct .....	18 .....	12
Other .....	2 .....	1
Other Jurisdiction .....	1 .....	0 ❖

---

## Clarification of Board's Jurisdiction Over Licensed Psychologists Regardless of Practice Setting

For several years the Examining Board of Psychology had been concerned that the statutory language pertaining to exempt settings was not clear and therefore, did not provide adequate notice to psychologists working in exempt settings that if they chose to hold a license, their practice was subject to the jurisdiction and disciplinary authority of the Board. The Board saw the need to amend the statute to state clearly that the Uniform Disciplinary Act (UDA) applies to all individuals holding a psychology license, regardless of their employment setting, and that the Examining Board of Psychology has authority to apply the provisions of the UDA to all licensed psychologists.

During the last legislative session, the Department of Health requested the Legislature pass a bill that would amend RCW 18.83 and clarify this issue. House Bill 1734 was passed by the Legislature and signed into law by

Governor Locke. It amended RCW 18.83.054 to read "... (2) A person who holds a license under this chapter is subject to the uniform disciplinary act, chapter 18.130, at all time the license is maintained." And RCW 18.83.135 to read "(The board shall have the following authority).... (3) To apply the provisions of the uniform disciplinary act, chapter 18.130 RCW, to all persons licensed as psychologists under this chapter."

These changes will help license holders, individuals with education and training in psychology at the doctoral level, and consumers of psychological services understand that the Board has jurisdiction over licensed psychologists regardless of their work setting. Clarifying this statutory language is also in keeping with the Governors Executive Order on Regulatory Improvement in that it will improve the effectiveness and clarity of the psychology statute. ✧

---

## Did You Know?

If a complaint is filed against your psychology license, you may request a copy of the file once the complaint has been resolved or once charges have been issued. We are not able to release some information ever, such as the complainant's name and identifying information, medical records, and licensee's address. To request a copy of a complaint file or other public record held by the Department of Health, submit your request in writing to the Board office. ✧

---

## Human Immuno-deficiency Virus (HIV) Reporting in Washington State

- Jack Jourden,  
Director, Office of  
infectious Disease  
and Reproductive  
Health

### State Board of Health Changes HIV Reporting Requirements

Health care providers and others with a duty to report are required to report to their local health department by name all cases of HIV infection - diagnosed or receiving treatment after September 1, 1999 (Washington Administrative Code (WAC) 246-100-076). Previously, only symptomatic HIV infection including Acquired Immuno-deficiency Syndrome (AIDS) was reportable. The following briefly describes the reasons the State Board adopted HIV reporting rules, how the confidentiality of records will be maintained, steps being taken by the Department of Health to implement the new rule, and the anticipated impact on psychologists.

### Need for HIV Reporting

Because people with AIDS are staying healthier longer with the help of powerful new drugs, only tracking AIDS cases no longer provided enough information about the changes in the epidemic and newly infected populations. Expanding the surveillance system to include reporting of all cases of HIV infection was necessary to better understand the scope of the HIV epidemic and to target HIV prevention and care resources according to changes in the epidemic. Identifying new cases of HIV infection will help assure that:

- newly infected persons are referred to care as early as possible;
- partners who've been exposed receive notification; and
- the impact of the HIV epidemic is better understood

### Confidentiality Protections Enhanced

Providers are required to report cases by name to local health departments. Those names will be converted to an anonymous code ninety days after completing each case report. This time period will allow local health officials to assure that newly reported patients are made aware of care options and those exposed partners have an opportunity to be notified of their exposure. Local health departments will then send the coded case report to the state Department of Health and destroy the name.

Laboratories are required to report to the state Department of Health the results of HIV tests as well as tests indicative of either HIV infection or AIDS. The Department will determine whether the case has been previously reported and, if not, the laboratory report will be forwarded to the appropriate local health department. Thus, while the Department will briefly have some names of persons with HIV, the Department will not regularly collect or maintain the names of persons infected with HIV.

Health care providers and public health officials remain bound by the same confidentiality laws, which are applicable to AIDS and other sexually transmitted diseases. For decades, health providers have reported the names of people with other communicable diseases such as syphilis and tuberculosis while maintaining the highest level of confidentiality. Even so, other additional measures have been built into the public health HIV

*(Continued on Page 5)*

---

## Human Immuno-deficiency Virus (HIV) Reporting in Washington State

*(Continued from Page 4)*

reporting system by the state Board to further safeguard confidentiality. In addition, in the 1999 session, the Washington State Legislature increased the maximum penalty for reckless or intentional disclosure of HIV or STD identifying information to \$10,000 or actual damages.

Anonymous testing for HIV, an important component of the new requirements, continues to be available through local health jurisdictions, community organizations and home testing kits. Persons with positive anonymous tests are not reportable until the individual with a positive test seeks medical care. At that time, the provider is required to report the case to their local health department.

### Putting the New Rule into Place

The Department of Health has developed information, training, reporting forms and technical assistance for providers and health jurisdictions for implementation of the new WAC requirements. All providers and health-care facilities that have reported one or more cases of AIDS have received a packet of materials announcing the new regulation and their obligations under the new rule with respect to counseling, confidentiality and follow-up. The Department is also creating a system for evaluating this rule and reporting back to the State Board of Health twelve months after

the September 1, 1999 initiation of the new reporting system. The evaluation will consider adherence to the Centers for Disease Control reporting standards, the possible deterrence to testing for HIV, the cost of the reporting system and the effect of the rule on disease control measures.

### Implications of HIV Reporting

While WAC 246-100-076 imposes a reporting obligation on all health care providers, WAC 246-100-071 makes the "principal" health care provider primarily responsible for submitting the report. Other health care providers do not have to report the case if it has already been reported. It is anticipated that psychologists will seldom be the principal health care provider for cases of HIV infection. However, the new reporting rules do permit health care providers to consult with the local health officer for assistance with partner notification or in instances of conduct that endangers the public health.

For information on how to report or manage a specific HIV case, please contact your local health department. For more information about the reporting rule change, contact Jack Jourden, Director, Office of Infectious Disease and Reproductive Health at the Washington State Department of Health at (360) 236-3466. ♦

---

## Disciplinary Action

James Goodwin, Psy.D.

After a hearing held last April, the Board revoked Dr. Goodwin's license to practice psychology for ten years. The revocation is the result of charges by the Board that Dr. Goodwin failed to comply with a previous disciplinary order. Dr. Goodwin has appealed the revocation to Chelan County Superior Court. In August, the court ordered that the revocation be stayed. The stay allows Dr. Goodwin to practice under the conditions of the 1996 order pending the outcome of the appeal. ♦

---

## New Tobacco Website Receives National Acclaim

*By Renee Guillierie,  
Communications  
Director, Department  
of Health*



Within hours of the launch of our new Tobacco website, the site received national attention. The site was singled out by the top tobacco clearinghouse on the web, Tobacco.org, as Site of the Month. The site received coverage in Seattle by KING and KIRO TV, KNDO TV in Yakima, KGMI radio in Bellingham, and "civic.com" in Virginia.

Features like Helping You Quit, If Your Child Smokes, and a list of smoke free establishments in the state provide a customer focus for the website. Adults and youth can offer direct input on Washington's statewide tobacco prevention program through an interactive link called Speak to the Council. Personal stories by individuals whose lives have been affected by tobacco are on the main page.

You can view the site at [www.doh.wa.gov/tobacco/](http://www.doh.wa.gov/tobacco/). You can also find it as a link from the home page of the Department of Health's web site.

Do you have a tobacco story? We'd like to read and post your personal stories and experiences related to tobacco use on our home page. We're seeking stories from family members who've lost loved ones to tobacco-related illnesses, first-person accounts from smokers trying to quit and ex-smokers who have quit. We'd like to receive stories from couples in which one person smokes and the partner does not. Narratives from young people in all these categories are appreciated. Please Email Filiz Satir at [fes1303@doh.wa.gov](mailto:fes1303@doh.wa.gov) or call (360) 236-4077. ♦



---

## Proposed Parental Access Evaluation Standards— Your Comments Needed

As reported in previous editions of this newsletter and in other notices, the Examining Board of Psychology (Board) has been developing parental access evaluation standards for adoption into the psychology rules. Many of you attended one of the two public forums or submitted written comments to the Board on this topic. The proposal included in this newsletter is a result of that input and the rule writing session that was held last July. If adopted, the new requirements would apply to all psychologists licensed in this state.

The Board is seeking your assistance in determining the consequences of adopting this proposal into rule. Please consider the questions below and return your responses to the Board office by January 31, 2000. The information you provide will help the Board determine whether or not to adopt the proposal. The new language follows this page.

Thank you in advance for your assistance to the Board. If you have any questions or concerns, please feel free to contact the Board office.

1. If adopted, would these rules require you to alter your current practice?

☐ No ☐ Yes

If no, please go on to question #4.

If yes, please describe:

2. Please estimate the cost to change your practice, your clients, the courts (by category if possible). For example: One clerical employee would be added at \$35,000 per year, increased administrative costs of

\$2,500.

3. How do you anticipate paying for the proposed changes? (For example: increased fees, reduced staffing, etc.)

4. Do you expect that the standards will affect your ability to update your practice as the “state-of-the-art” of the psychology profession evolves?

☐ No ☐ Yes

Please explain:

5. Do you anticipate that these proposed rule amendments would improve your ability to treat clients?

☐ No ☐ Yes

If yes, which amendments are most important and why?

6. What other benefits do you anticipate will occur if this proposal is adopted?

7. Other comments or concerns:

---

## Examining Board Of Psychology Proposed Rules For Parental Access Evaluation Standards

WAC 246-924-\_\_\_\_ Parental access evaluations and related services. Psychologists may be called upon to assist the courts in determining appropriate parental access to minor children. These rules establish minimum standards for parental access evaluations and related services. It is the duty of each psychologist to conduct evaluations and make recommendations that are based upon the best interest of the child.

(1) A parental access evaluation is defined as an assessment of family functioning, leading to recommendations regarding residence, visitation schedule, decision making authority and other variables. An evaluation includes a written report of the assessment and recommendations.

(2) If psychological testing is used in the evaluation, the test(s) are to be used only for their intended purposes and must be interpreted according to the instructions of the test developer or as suggested in research literature.

(3) If the psychologist provides evaluation or therapeutic services to one party or both parties before or after a parental access evaluation, the psychologist must avoid conflict of interest and appearance of conflict of interest.

(4) A psychologist may perform limited evaluative services related to but not intended to be a full parental access evaluation. Examples of such services include evaluating parenting ability of a party, evaluating substance abuse status of a party, and evaluating the earning potential of a party. The psychologist must stay within the requested scope of services, may not make diagnostic or evaluative com-

ments about a person not personally evaluated, and may not make recommendations regarding custody, residence, visitation, or decision making about the child.

(5) A psychologist may, upon request of a party or attorney, review an evaluation performed by another practitioner. The reviewer may comment only on the methodology and analysis of the evaluation. The reviewing psychologist may not make recommendations on custody, residence, visitation, or decision-making about the child.

WAC 246-924-\_\_\_\_ Parental access evaluations - Elements. The following elements must be addressed in parental access evaluations. These elements may be addressed either by completing the element and describing it in the report or by describing in the report the reason for omitting the element.

(1) Pre-evaluation elements.

(a) Prior to commencing any evaluative activity the psychologist must obtain the following specific materials and information:

(i) Court order or a written agreement from all parties to conduct the evaluation;

(ii) Written agreement about payment arrangements; and

(iii) Appropriate signed authorizations for release of information.

(b) Prior to commencing any evaluative activity the psychologist must disclose the following specific information to the litigants:

(i) Estimated cost;

(ii) Written fee structure;

*(Continued on page 9)*



---

## Examining Board Of Psychology Proposed Rules For Parental Access Evaluation Standards

*(Continued from Page 8)*

- (iii) Written statement regarding the purpose of the evaluation;
  - (iv) Written statement of to whom the report is expected to be released;
  - (v) How sessions will be selected and sequenced;
  - (vi) How collateral contacts will be selected;
  - (vii) Any opportunity to review the report in draft form, provide feedback or dispute the contents; and
  - (viii) Any dual roles and the possible conflicts of interest that may arise from the dual roles.
- (2) Data collection elements:
    - (a) Face-to-face session(s) with each party and adult co-habitant;
    - (b) Observation of each child with party and adult co-habitant;
    - (c) Interviews with each child who has the capacity to provide relevant information;
    - (d) Equal psychological testing of both parties and adult co-habitants;
    - (e) Approximately equal time spent with each party;
    - (f) Appropriate collateral contact interviews; and
    - (g) An opportunity for each party and adult co-habitants to express concerns or issues.
  - (3) Assessment elements:
    - (a) The long term mental health of each party;
    - (b) Each party's ability to provide stability in the child's daily living environment;
    - (c) Drug and alcohol issues;
    - (d) Domestic violence issues;
    - (e) Ethnic and cultural issues;
    - (f) Indian Child Welfare Act of 1978 (P.L. 95-608)
    - (g) Interactions between the parties;
    - (h) Attachment and relationship between each child and each party; and
    - (i) Each party's understanding of the child's development.
  - (4) Written report elements:
    - (a) Consistent with chapter 26.09 RCW regarding criteria for permanent parenting plans;
    - (b) No diagnostic or evaluative comments about any person not personally observed by the psychologist;
    - (c) No discrimination based on age, gender, race, ethnicity, disability, sexual orientation, national origin, or religion;
    - (d) Acknowledge and address concerns of each party, including any allegations against the other party;
    - (e) Identify all collateral contacts and summarize the relevant information provided by each;
    - (f) Identify all testing done and summarize results;
    - (g) Summarize all contacts with parties and identify total contact time with each party;
    - (h) Identify time of report preparation and distribution;
    - (i) Concurrent distribution to parties and/or attorneys as specified in the disclosure statement; and
    - (j) Distribute report prior to any hearing or court appearance. ♦

## Examining Board of Psychology

John Ernst, Ph.D., ABPP, Chair  
 Carlton Glenn, Public Member, Vice Chair  
 Joseph Barber, Ph.D., ABPH  
 Glen Frese, Psy.D.  
 Joanne Ito, Ph.D.  
 Mary F. Miller, Ph.D.  
 Lisa Richesson, Public Member  
 Dean Funabiki, Ph.D.  
 Gloria Rose Koepping, Ph.D.

## Department of Health Staff

Laurie Jenkins, Executive Director  
 Janice K. Boden, Program Manager  
 Margaret Gilbert, Staff Attorney  
 Sharon Strachan, Administrative Assistant  
 Cable Wolverton, Program Representative

## Address

Department of Health  
 Examining Board of Psychology  
 1300 Quince Street S.E.  
 P.O. Box 47869  
 Olympia, WA 98504-7869

## Email

Email: [janice.boden@doh.wa.gov](mailto:janice.boden@doh.wa.gov)

## Phone/Fax


360/236-4910 telephone  
 360/664-9484 fax

## Board Meeting Dates for 2000

February 11, 2000 ..... Board Meeting  
 March 24, 2000 ..... Board Meeting  
 May 5, 2000 ..... Board Meeting  
 June 16, 2000 ..... Board Meeting  
 September 8, 2000 ..... Board Meeting  
 October 20, 2000 ..... Board Meeting  
 December 1, 2000 ..... Board Meeting

## Examination Dates for 2000

Oral examination: January 21 & 22  
 July 21 & 22  
 Written examination: April 12  
 October 11 ♦

 To ensure receipt of your annual renewal notice and other timely information, please keep the Washington State Examining Board of Psychology informed of any change in your address.

## Address Change Form

*(Please type or print in ink)*

License # \_\_\_\_\_

Name \_\_\_\_\_

Old Address \_\_\_\_\_

\_\_\_\_\_


New Address \_\_\_\_\_

\_\_\_\_\_

Effective Date \_\_\_\_\_ Signature \_\_\_\_\_

A licensee's address is not open to public disclosure except under circumstances defined in law, RCW 42.17. The address the Board has on file for you is used for all mailings, renewal notification and public disclosure.

Send completed form to the Board office by folding, stapling and placing postage on the reverse side of this page, which is pre-addressed, or by sending to:

 EXAMINING BOARD OF PSYCHOLOGY  
DEPARTMENT OF HEALTH  
1300 QUINCE ST. SE  
P.O. BOX 47869  
OLYMPIA WA 98504-7869

*FOLD HERE*

---

PLACE  
STAMP  
HERE

**EXAMINING BOARD OF  
PSYCHOLOGY  
Department of Health  
1300 Quince St. SE  
P.O. BOX 47869  
Olympia WA 98504-7869**

---

*FOLD HERE*

*TAPE HERE*

---

## Examining Board of Psychology Begins Quality Assurance Program

The Boards and Commissions across the State each have been working on developing a process for the professionals in their respective fields to maintain and to upgrade the quality of their services. We have traditionally used continuing education to address this goal of having professions staying current in their field of practice. The Examining Board of Psychology has been working on a model for psychologists in Washington State to use to accomplish this process of continuing competency. The Board has borrowed a program pattern from the Province of Ontario. Ontario has put a lot of effort into the development of this type of program and is generously sharing their model with other provinces and states.

The Board will soon be ready to start a pilot trial of this program and is looking for psychologists who would like to participate. The program provides an opportunity for the participant to assess their current level of knowledge and skill and to develop a plan for continuing professional development based on that assessment. The program is designed to assure the quality of practice of the profession and to promote continuing competence among licensed psychologists.

The Board is committed to facilitating and encouraging self-learning and enhancement of skills, fostering self-regulation through education, and protecting the health and safety of the citizens of Washington State. This is reflected in the approach to Quality Assurance adopted by the Board that assumes individual self-regulation and personal responsibility.

Participation in the Quality Assurance Program is voluntary. After completion of the initial three years of the project, the Board will assess the program's effectiveness and determine if it met the goal of promoting continuing competence. The expectation is for participants to complete a Self Assessment and create a Professional Development Plan at the beginning of the project. This will provide guidance for selecting continuing education (CE) offerings and other learning for the remainder of the three-year CE reporting period. The participant must participate in an annual program evaluation and attend a focus group for evaluation at the end of the project. Please contact the Board Office if you would like to participate in this project. ♦

---

## World Wide Web Update

The Board's web page has been growing! Take a look, you'll find board meeting agendas and minutes, links to other sites including one to the psychology statute and rules, and licensing applications. You can also

download forms and instructions for the Quality Assurance Program, and learn about various other projects the Board is working on. Our address is [www.doh.wa.gov/hsqa/hpqad/psychology/default.htm](http://www.doh.wa.gov/hsqa/hpqad/psychology/default.htm) ♦

---

## The Public Member Viewpoint

- Lisa Richesson

There are two public members on the Examining Board of Psychology, each appointed by the Governor for five-year terms. I am currently in my second year. The public member's primary role is to ensure that the interests of all Washington citizens and consumers are taken into account in all board decisions. There are many advantages in having public members sit on a professional board. For example, it reduces the potential for board decisions which favor the profession instead of the public, it increases the public's confidence in the board, and expands the range of skills and knowledge available to the board in solving problems and serving licensees.

Reading and understanding Washington statutes and administrative codes is not something the average person does. However, a thorough understanding and interpretation of the regulations governing psychologists is a must in order to grasp the issues at hand. I have spent considerable time with the green psychology lawbook!

Also, as a public member, there's the issue of establishing your own credibility with the Board. There is a tendency to keep your thoughts to yourself,

thinking, "Whatever I say can't possibly be relevant." Intellectually, I know that it not true, still the knowing and the doing are two different things. I've been lucky enough to attend several Board-related conferences, which have been very enlightening, and my fellow board members have been very approachable and helpful.

One of the duties of being a Board member is to participate in the administration of oral examinations. I have found this to be the most fascinating and vital part of my role. It is riveting to know that I can have a voice in granting licenses to those who wish to practice here.

Public members of Boards and Commission have a vital role to play. We are, after all, often consumers of the services governed. It is my goal to facilitate ways in which the public can understand the nature of psychology and be informed regarding ethical, psychological care.

Although I have a background in management of mental health and alcohol and drug abuse treatment facilities, my learning curve was quite high. In fact, I'm still learning and will no doubt continue to learn to the last day of my term. ♦

---

## Considering Board Appointment?

You can learn more about the Examining Board of Psychology by visiting its page on the Web. Applications for appointment can be downloaded there too. There will be two vacancies on the Board in January 2000 and we are always looking for pro-tem board members to serve as oral examiners. ♦



---

## Newly Licensed Psychologists

Charee Boulter, Ph.D.  
Christina A. Byrne, Ph.D.  
Katherine Suzanne Coy, Ph.D.  
Susan E. DeMattos, Ph.D.  
Krista E. Dierks-Spencer, Ph.D.  
Jeffrey Alfred Fong, Ph.D.  
John Edward Galvin, Ph.D.  
Sharlene F. Green, Psy.D.  
Scott David Grewe, Ph.D.  
Sirri J. Hanson, Ph.D.  
Teresa L. Hastings, Ph.D.  
Charaine E. Herald, Ph.D.  
Nancy Elaine Huenefeld, Ph.D.  
Renee S. Katz, Ph.D.  
Karen Jeanne Kellums, Psy.D.  
David Neal Kerner, Ph.D.  
Judith Lynne Kirkeby, Ph.D.  
Ki Fung Lam, Ph.D.  
Joseph W. Lenz, Ph.D.  
Cynthia Ann Low, Ph.D.  
Shelly L. Mackaman, Ph.D.

Corinne Mei Mar, Ph.D.  
Susan Camille McLaughlin, Ph.D.  
Frances Miller, Ph.D.  
Elsa O'Connor, Ph.D.  
Richard K. Onizuka, Ph.D.  
Julie A. Osterling, Ph.D.  
Karen Pavlidis, Ph.D.  
Debra N. Pearce-McCall, Ph.D.  
Kathryn Jean Pecheos, Ph.D.  
Jeffrey J. Sherman, Ph.D.  
Jennie L. Snell, Ph.D.  
Dora Ann Summers-Ewing, Ph.D.  
Linda Joyce Thomas, Psy.D.  
Jorge Torres-Saenz, Psy.D.  
Susan Katalin Toth, Ph.D.  
Lizabeth Hebner Vila, Psy.D.  
Jolynn-Marie Wagner, Ph.D.  
Lisa E. Warner, Psy.D.  
Carl Richard Westphal, Ph.D.  
Amanda Ernst Wood, Ph.D.  
Nancy L. Worsham, Ph.D. ♦

---

## Thinking About Retiring?

An Active Retired Status license is available. It allows you to practice for up to 90 days a year in emergent or intermittent circumstances at a reduced renewal fee. Contact the Board office for more information.



**EXAMINING BOARD OF  
PSYCHOLOGY  
Department of Health  
1300 Quince St. SE  
P.O. BOX 47869  
Olympia WA 98504-7869**

BULK RATE  
U.S. POSTAGE PAID  
Washington State  
Department of Printing